A study of atezolizumab (immunotherapy) combined with chemotherapy with or without bevacizumab compared with chemotherapy plus bevacizumab in people with a type of lung cancer called 'non-squamous non-small cell lung cancer'

See the end of the summary for the full title of the study.

About this summary

This is a summary of the results of a clinical trial (called a 'study' in this document) – written for:

- The general public
- People who took part in the study
- Other people with non-squamous non-small cell lung cancer.

This summary is based on information known at the time of writing.

The study started in March 2015 and ended in September 2020. This summary includes the results that were collected and analysed in September 2017, January 2018 and September 2019 and was written after the study ended.

The results from this study may be different from other studies with the same medicine. One study can't tell us everything about how safe a medicine is and how well it works. It takes lots of people in many studies to find out everything we need to know.

This means that you should not make decisions based on this one summary – always speak to your doctor before making any decisions about your treatment.

Contents of the summary

Glossary

- NSCLC = non-small cell lung cancer
- WT = wild type

Thank you to the people who took part in this study

The people who took part have helped researchers answer important questions about a type of lung cancer called 'non-squamous non-small cell lung cancer' (NSCLC) and the medicine being studied – 'atezolizumab' – taken together with chemotherapy, with or without another drug called 'bevacizumab'.

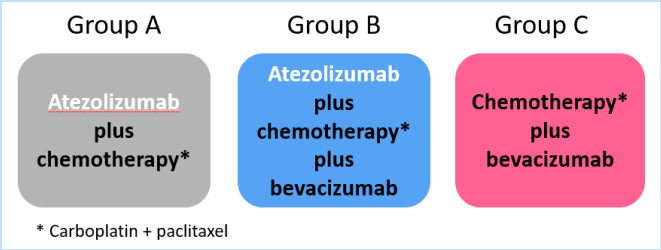
Key information about this study

Why was this study done?

- This study was done to compare how well 3 combinations of drugs worked in people with a type of NSCLC called 'non-squamous'. The drug combinations were:
    - The medicine being studied, called 'atezolizumab', taken together with existing chemotherapy called 'carboplatin + paclitaxel'

- Atezolizumab taken with existing chemotherapy and 'bevacizumab'
- Existing chemotherapy and bevacizumab

- People were divided into 3 groups as shown in this picture. The effects of the different combinations of medicines were first compared between **Groups B and C**, and then later between **Groups A and C**.



- This study included **1202 people in 26 countries**.
  - Researchers looked at results in the 1047 people who did not have mutations (genetic changes) in their cancer cells; these cancers are called 'wild-type' or 'WT' NSCLC.
  - They also looked at results in the people who had mutations in genes called '*EGFR*' and '*ALK*' in their cancer cells; these cancers are called '*EGFR/ALK+*' NSCLC.

What were the results?

- The main findings were that:
  - For people who had **WT NSCLC**, on average, after starting the treatment**:**
    - In **Group A**, the cancer did not get worse for about **6.3 months.**
    - In **Group B**, the cancer did not get worse for about **8.3 months.**
    - In **Group C,** the cancer did not get worse for about **6.8 months.**
  - From the start of the study, people with **WT NSCLC** lived, on average, for:
    - About **19.0 months** in **Group A**
    - About **19.2 months** in **Group B**
    - About **14.7 months** in **Group C.**
  - For people with ***EGFR/ALK*+ NSCLC**, those in **Group A** lived for about **21.2 months** on average from the start of the study, and those in **Group C** lived for about **17.5 months**.
    - The average length of time that the people in **Group B** lived could not be calculated because more than half the patients were still alive at the time this information was collected.

How many people had serious side effects related to their treatment?

- **Group A:** 157 out of 400 people (39%) had serious side effects related to their treatment.
- **Group B:** 174 out of 393 people (44%) had serious side effects related to their treatment.
- **Group C:** 135 out of 394 people (34%) had serious side effects related to their treatment.
- These side effects are described in section 5.

1. General information about this study

Why was this study done?

'Non-squamous' means that this type of NSCLC does not contain squamous cells. Squamous cells are a type of lung cell that is affected by cancer. Non-squamous cell cancers usually start around the edges of the lungs.

People with non-squamous NSCLC usually take medicine called chemotherapy that kills cancer cells or stops them from growing. Chemotherapy using a platinum drug, such as carboplatin, is called 'platinum-based chemotherapy'. This type of treatment can involve 2 different types of chemotherapy drugs taken together. However, chemotherapy may work for only a short time, and then the cancer gets worse again. Sometimes, chemotherapy may not work, and the people with lung cancer may not live very long. New medicines are needed to be able to better treat the cancer (shrink the tumour) and to help people to live longer. If the tumour shrinks, people may be able to manage their cancer better.

Immunotherapy is a type of medicine that helps a person's own immune system attack cancer cells. Immunotherapy may work better in some people than in others, or it may work for only a short time. This may be because the cancer cells can hide from the immune system and/or learn to escape the immune system's attacks.

Some types of chemotherapy can 'wake up' the immune system so it is more likely to find cancer cells. Taking immunotherapy together with chemotherapy could help the immunotherapy to attack cancer cells.

Immunotherapy or chemotherapy is also sometimes given together with a type of medicine called an 'anti-angiogenic' treatment. Anti-angiogenic treatments stop the cancer cells from forming the new blood vessels that they need to grow and spread. Anti-angiogenic medicines can also help immunotherapy to kill cancer cells.

In this study, researchers wanted to see if taking an **immunotherapy (atezolizumab)** together with **chemotherapy (carboplatin plus paclitaxel)** and an **anti-angiogenic therapy (bevacizumab)** would help people with non-squamous NSCLC live longer than if they only took chemotherapy plus bevacizumab. The researchers also wanted to see if this combination would stop the cancer from growing for longer than chemotherapy plus bevacizumab. Then they compared the combination of **atezolizumab plus chemotherapy** with **chemotherapy plus bevacizumab**, to see which combination would help people live longer and stop the cancer from growing for longer.

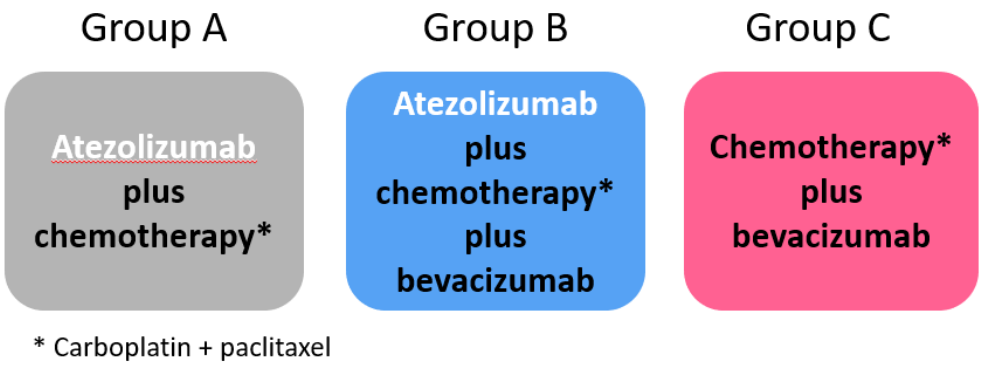
Lung cancer cells can have different mutations (genetic changes) that make it more or less likely that certain types of medicine will work. '*EGFR*' and '*ALK*' are the names of 2 genes that have mutations in some NSCLC tumours. If a person does not have mutations in their cancer, it is called 'wild-type' or 'WT' cancer. The researchers compared how well these different combinations worked in people with WT cancer, people with *EGFR*- or *ALK*-mutated cancer (called *EGFR/ALK*+ NSCLC) and in all the people who took part in the study, regardless of whether they had mutated or WT cancers.

The people in this study had not taken other medicine for advanced lung cancer before joining the study.

What were the medicines being studied?

This study looked at different combinations of the study medicine (immunotherapy) with existing chemotherapy and anti-angiogenic treatment in 3 groups of people who had non-squamous NSCLC:

- **Group A:** **atezolizumab** (study medicine) plus **carboplatin + paclitaxel** (existing chemotherapy)
- **Group B:** **atezolizumab** (study medicine) plus **carboplatin + paclitaxel** (existing chemotherapy) plus **bevacizumab** (existing anti-angiogenic treatment)
- **Group C:** **carboplatin + paclitaxel** (existing chemotherapy) plus **bevacizumab** (existing anti-angiogenic treatment).



Atezolizumab is the medicine being studied here, in combination with other medicines.

- Atezolizumab is a type of immunotherapy.
- The body's immune system fights diseases like cancer. However, cancer cells can block (stop) the immune system from attacking the cancer. Atezolizumab releases this blockage – meaning that the immune system is able to fight the cancer cells again.
- When people take atezolizumab, their tumour (cancer) may get smaller.

The existing **chemotherapy** medicines used in this study were:

- Carboplatin
    - Carboplatin affects the genetic material in cells – the DNA. This stops cancer cells from dividing into new cells and kills them.
    - This medicine is a platinum chemotherapy drug.
- Paclitaxel
    - Paclitaxel works by stopping cancer cells from dividing into new cells, so it blocks the growth of the tumour.

- **Bevacizumab** is an existing anti-angiogenic medicine used in this study.
    - Cancers grow their own blood vessels so they can get food and oxygen from the blood. The cancer needs a protein called vascular endothelial growth factor (VEGF) to do this.
    - Bevacizumab blocks VEGF and stops the cancer from growing blood vessels, so that the cancer starves and can't grow.

After people had taken 4 or 6 cycles of the study drugs, they were given 'maintenance therapy' – treatment to stop the cancer from coming back. The maintenance therapy, given every 3 weeks, was:

- Atezolizumab in **Group A**
- Atezolizumab plus bevacizumab in **Group B**
- Bevacizumab in **Group C**.

What did researchers want to find out?

- Researchers did this study to compare **atezolizumab plus chemotherapy and bevacizumab** or **atezolizumab plus chemotherapy** with **chemotherapy plus bevacizumab** – to see how well atezolizumab plus chemotherapy with or without bevacizumab worked in people with non-squamous NSCLC (see section 4 "What were the results of the study?").
    - People in **Group A** took atezolizumab with chemotherapy, followed by maintenance therapy with atezolizumab, to see whether this combination would work better than chemotherapy plus bevacizumab followed by maintenance therapy with bevacizumab (**Group C**).
    - People in **Group B** took atezolizumab with chemotherapy plus bevacizumab followed by maintenance therapy with atezolizumab plus bevacizumab, to see whether this combination would work better than chemotherapy plus bevacizumab followed by maintenance therapy with bevacizumab (**Group C**).
- Researchers also wanted to find out how safe these combinations of medicines were – by checking how many people had side effects in each treatment group and seeing how serious they were (see section 5 "What were the side effects?").

The main questions that researchers wanted to answer were:

1. How much time was there between the start of treatment and the cancer getting worse in **people with WT NSCLC** in **Group B** and **Group C**?
2. How much time was there between the start of treatment and the cancer getting worse in **all people** with NSCLC in **Group B** and **Group C**?
3. How much time was there between the start of treatment and the cancer getting worse in **people with WT NSCLC** in **Group A** and **Group C**?
4. How long did people with **WT NSCLC** in **Group B** and **Group C** live (during this study)?
5. How long did people with **WT NSCLC** in **Group A** and **Group C** live (during this study)?
6. How long did people with ***EGFR/ALK+*** **NSCLC** in **Group B** and **Group C** live (during this study)?
7. How many people had side effects and what were the most common ones?

What kind of study was this?

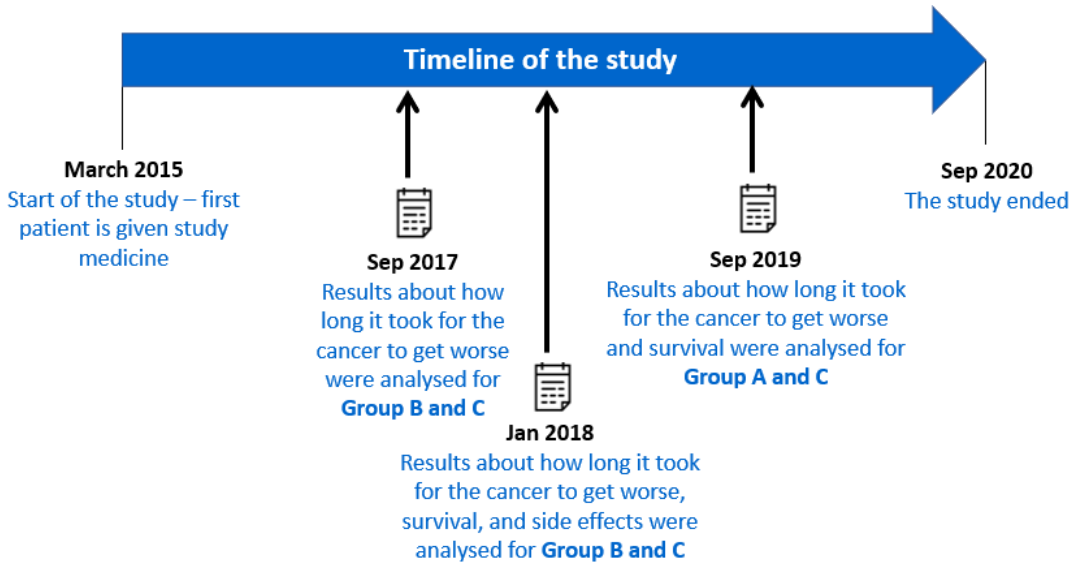
This was a '**Phase 3**' study. This means that before this study started, atezolizumab had been tested in a smaller number of people with non-squamous NSCLC. Phase 3 studies are done in a large number of people to see if a drug works better than the standard existing treatment and is safe enough for it to be approved by the health authorities as a treatment that can be prescribed by a doctor.

The study was '**randomised**'. This means that it was decided by chance which of the medicine combinations people in the study would be given. Randomly choosing which medicine people get makes it more likely that the types of people in the treatment groups will be a similar mix (for example, similar ages, similar races). Other than the different medicines being given in each group, all other care was the same.

This was an '**open label**' study. This means that both the people taking part in the study and the study doctors knew which of the study medicines people were taking.

When and where did the study take place?

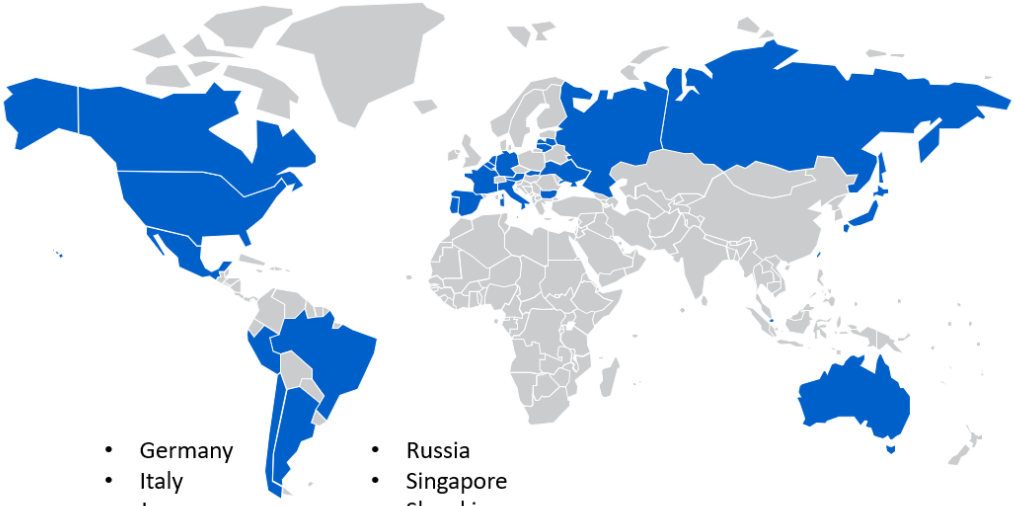
The study started in March 2015 and ended in September 2020.



The symbols on the timeline (📋) show when the information shown in this summary was analysed (September 2017 – about 2.5 years after the study started; January 2018 – about 2 years and 10 months after the study started; and September 2019 – about 4.5 years after the study started).

The study took place at 240 hospitals and clinics in 26 countries.

This map shows the countries where this study took place.

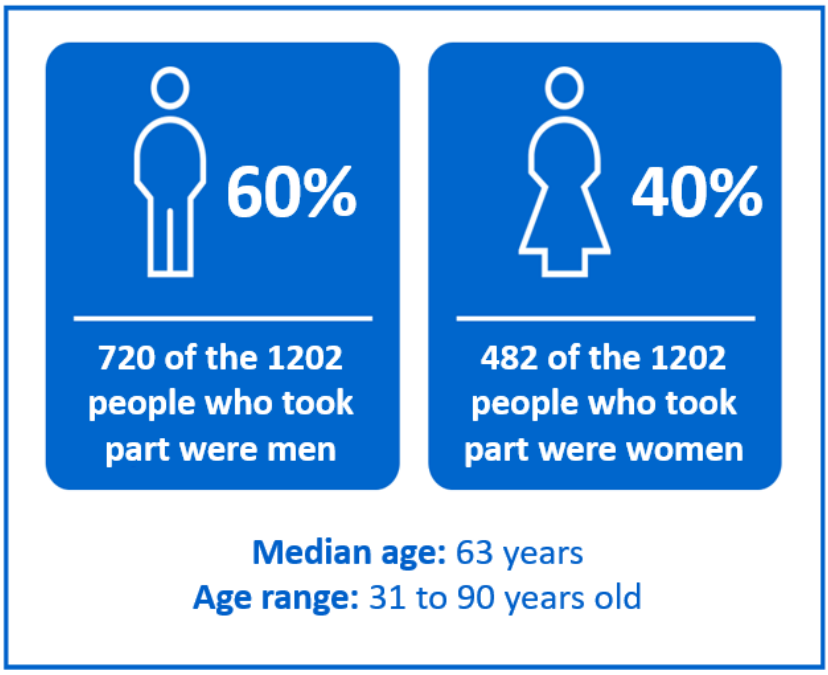


- Argentina
- Australia
- Austria
- Belgium
- Brazil
- Bulgaria
- Canada
- Chile
- France
- Germany
- Italy
- Japan
- Latvia
- Lithuania
- Mexico
- Netherlands
- Peru
- Portugal
- Russia
- Singapore
- Slovakia
- Spain
- Taiwan
- Ukraine
- United Kingdom
- United States

2. Who took part in this study?

In this study, 1202 people with non-squamous NSCLC took part.

This picture shows more information about the people who took part.



People could take part in the study if:

- They had advanced non-squamous NSCLC – called 'advanced' because the cancer had spread from where it started to nearby cells or to other parts of the body.
- They had not taken chemotherapy for advanced lung cancer before.
- They had allowed their doctor to take samples of their tumours.
- Their lung cancer either:
    - Did not have changes (mutations) in the genes called *EGFR* or *ALK*, or
    - Had mutations in the *EGFR* or *ALK* genes, and any medicines they had taken to treat their lung cancer had not worked or caused so many side effects they had to stop taking them.

People could not take part in the study if:

- They had cancer that had spread to the brain or spinal cord and had not been treated.
- They had an illness that causes their immune system to attack their own body (called an 'autoimmune disease').
- They had previously had other types of lung disease or lung infection.
- They had taken any medicines before that work like atezolizumab.

3. What happened during the study?

During the study, people were selected at random by a computer to get 1 of 3 treatment combinations.

The treatment groups were:

- **Group A: atezolizumab** (study medicine) plus **carboplatin + paclitaxel** (existing chemotherapy)
- **Group B: atezolizumab** (study medicine) plus **carboplatin + paclitaxel** (existing chemotherapy) plus **bevacizumab** (existing anti-angiogenic)
- **Group C: carboplatin + paclitaxel** (existing chemotherapy) plus **bevacizumab** (existing anti-angiogenic)

After people stopped receiving the study drugs, they were given 'maintenance therapy' – treatment to stop the cancer from coming back.

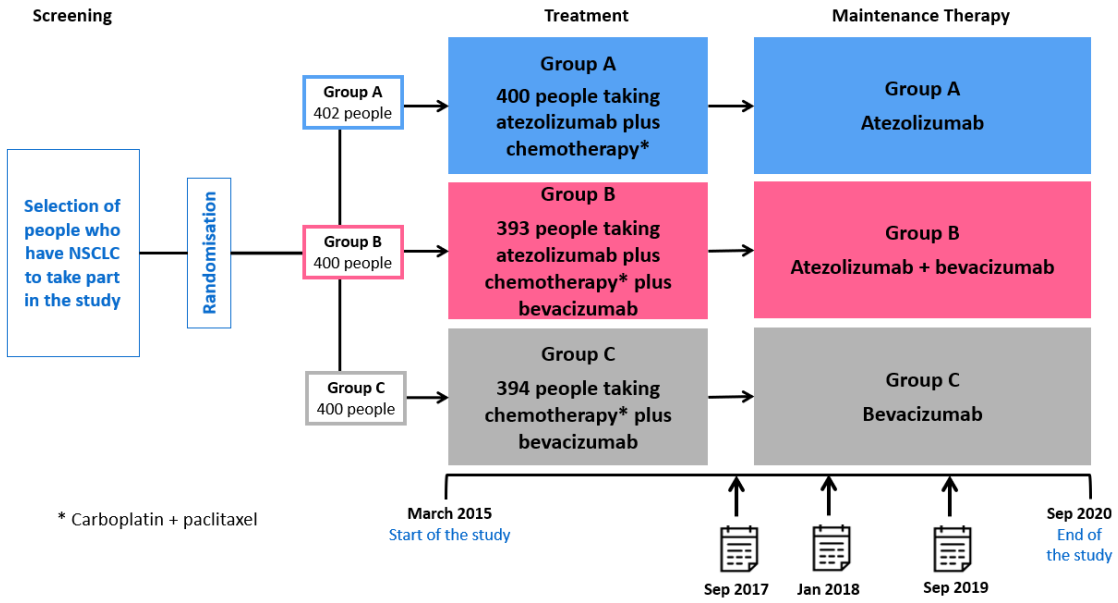
This table shows the number of people who took each study treatment and how often the drugs were taken.

	Group A Atezolizumab plus chemotherapy*	**Group B Atezolizumab plus chemotherapy* plus bevacizumab**	**Group C Chemotherapy* plus bevacizumab**
Number of people in group	402	400	400
Number of people who took this medicine	400	393	394
Number of people who had WT NSCLC	350	359	338
Number of people who had mutations in the genes called *EGFR* or *ALK*†	53	41	63
How the drugs were taken	Injected into a vein	Injected into a vein	Injected into a vein
When the drugs were taken in each 3-week treatment cycle	Atezolizumab: day 1 Carboplatin: day 1 Paclitaxel: days 1, 8, 15	Atezolizumab: day 1 Carboplatin: day 1 Paclitaxel: days 1, 8, 15 Bevacizumab: days 1, 8, 15	Carboplatin: day 1 Paclitaxel: days 1, 8, 15 Bevacizumab: days 1, 8, 15
Number of cycles of study treatment	4 or 6	4 or 6	4 or 6
Maintenance therapy given after the main treatment was completed	Atezolizumab (injected into a vein)	Atezolizumab + bevacizumab (injected into a vein)	Bevacizumab (injected into a vein)

* Carboplatin plus paclitaxel.

† During the study, some *EGFR/ALK* results were updated, so the numbers of people do not add up to the total in all groups.

This picture shows more information about what happened in the study – and what the next steps are.



The symbols on the timeline (📋) show when the information in this summary was collected (September 2017 – about 2.5 years after the study started; January 2018 – about 2 years and 10 months after the study started; and September 2019 – about 4.5 years after the study started).

When the study ended, the people who took part were asked to go back to their study centre for more visits to check their overall health.

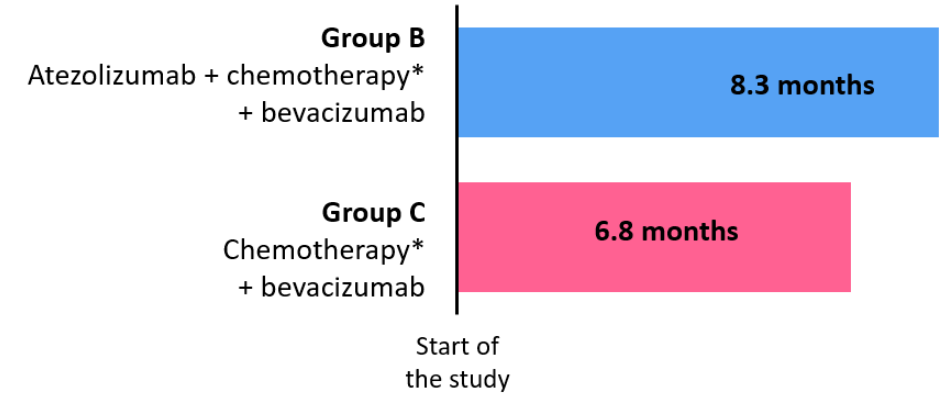
4. What were the results of the study?

Question 1: How much time was there between the start of treatment and the cancer getting worse in people with **WT NSCLC** in **Group B** and **Group C**?

Researchers compared how much time there was before the cancer became worse (in other words, spread to another part of the body, spread further, or grew larger as shown by their scans) between **Group B** and **Group C**. The results shown in this section are for the people who had **WT cancer** (the tumours did not have mutations in the *EGFR* or *ALK* genes). This information was collected from the people with WT NSCLC in both groups from **March 2015 until September 2017**.

- In **Group B**, the cancer became worse after about **8.3 months**, on average (in some people it took longer to become worse and in others it became worse sooner than 8.3 months).
- In **Group C**, the cancer became worse after about **6.8 months**, on average (in some people it took longer to become worse and in others it became worse sooner than 6.8 months).

On average, how much time was there between the start of treatment and the cancer getting worse in people with WT NSCLC?



* Carboplatin + paclitaxel

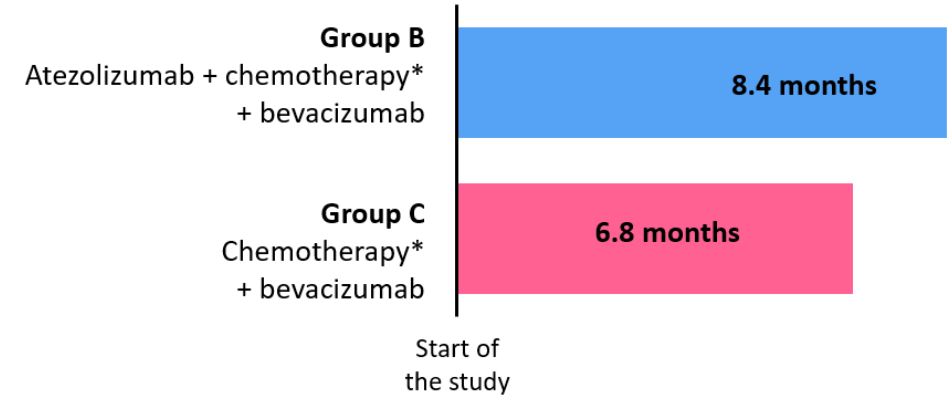
This information was collected from March 2015 until September 2017.

Question 2: How much time was there between the start of treatment and the cancer getting worse in **all people** with NSCLC in **Group B** and **Group C**?

The results shown in this section are for **all** the people in **Group B** and **Group C** (those who had WT cancer **and** those who had mutations in the *EGFR* or *ALK* genes). This information was collected in both groups from **March 2015 until January 2018**.

- In **Group B**, the cancer became worse after about **8.4 months**, on average (in some people it took longer to become worse and in others it became worse sooner than 8.4 months).
- In **Group C**, the cancer became worse after about **6.8 months**, on average (in some people it took longer to become worse and in others it became worse sooner than 6.8 months).

On average, how much time was there between the start of treatment and the cancer getting worse in all people with NSCLC?



* Carboplatin + paclitaxel

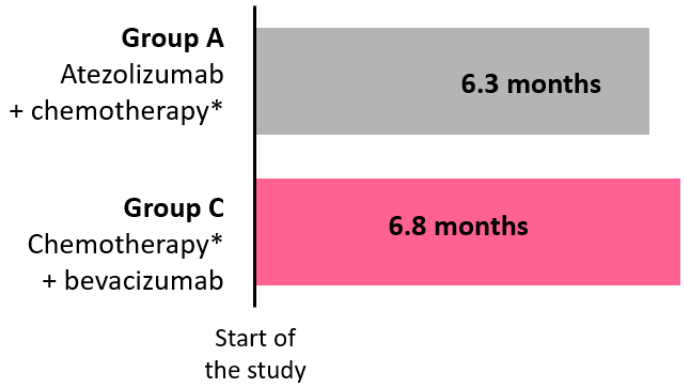
This information was collected from March 2015 until January 2018.

Question 3: How much time was there between the start of treatment and the cancer getting worse in **people with WT NSCLC** in **Group A** and **Group C**?

Researchers compared how much time there was before the cancer became worse (in other words, spread to another part of the body, spread further, or grew larger as shown by their scans) between **Group A** and **Group C**. This information was collected from the people with **WT NSCLC** (they did not have any mutations in the *EGFR* or *ALK* genes) in both groups from **March 2015 until September 2019**.

- In **Group A**, the cancer became worse after about **6.3 months**, on average (in some people it took longer to become worse and in others it became worse sooner than 6.3 months).
- In **Group C**, the cancer became worse after about **6.8 months**, on average (in some people it took longer to become worse and in others it became worse sooner than 6.8 months).

On average, how much time was there between the start of treatment and the cancer getting worse in people with WT NSCLC?



* Carboplatin + paclitaxel

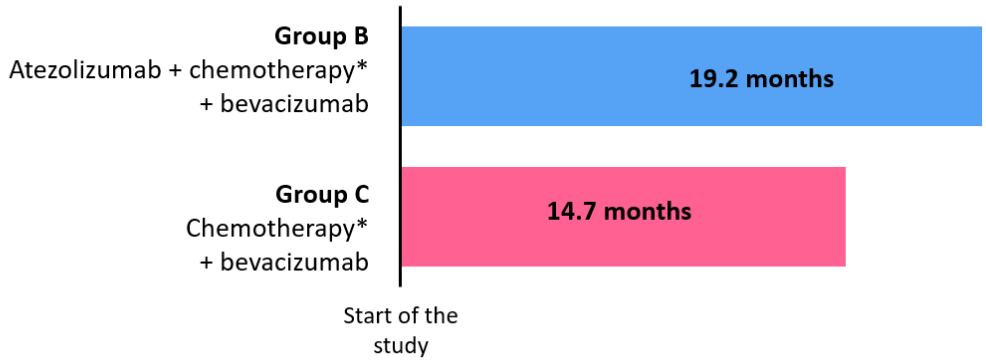
This information was collected from March 2015 until September 2019.

Question 4: How long did people with **WT NSCLC** in **Group B** and **Group C** live (during this study)?

Researchers looked at how long people with **WT NSCLC** lived on average during this study – this was compared between **Group B** and **Group C**. This information was collected from the people with WT NSCLC in both groups from **March 2015** until **January 2018**.

- People in **Group B** lived for about **19.2 months** on average after starting the medicine.
- People in **Group C** lived for about **14.7 months** on average after starting the medicine.
- These numbers for each treatment group are averages, which means that some people lived longer and some people died sooner.

On average, how long did people with WT NSCLC live in the study?



* Carboplatin + paclitaxel

This information was collected from March 2015 until January 2018.

- In **Group B**, 179 out of 359 people (50%) died.
- In **Group C**, 197 out of 336† people (59%) died.

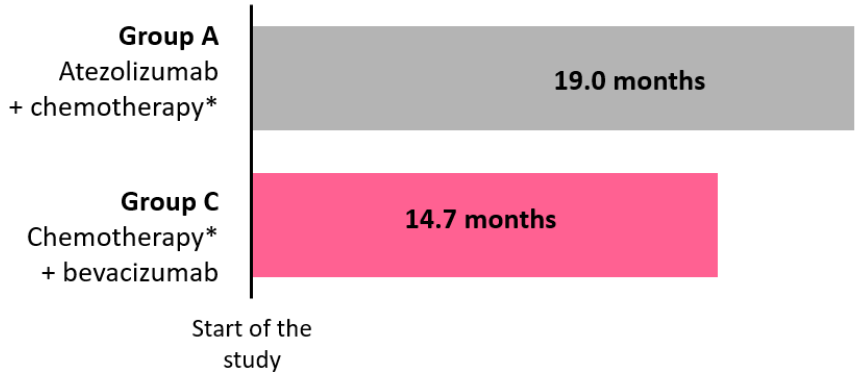
† During the study, some *EGFR/ALK* results were updated.

Question 5: How long did people with **WT NSCLC** in **Group A** and **Group C** live (during this study)?

Researchers looked at how long people with **WT NSCLC** lived on average during this study – this was compared between **Group A** and **Group C**. This information was collected from the people with WT NSCLC in both groups from **March 2015** until **September 2019**.

- People in **Group A** lived for about **19.0 months** on average after starting the medicine (some people lived longer and some people died sooner).
- People in **Group C** lived for about **14.7 months** on average after starting the medicine (some people lived longer and some people died sooner).

On average, how long did people with WT NSCLC live in the study?



* Carboplatin + paclitaxel

This information was collected from March 2015 until September 2019.

- In **Group A**, 250 out of 350 people (71%) died.
- In **Group C**, 265 out of 338† people (78%) died.

More people had died at the time this information was collected (September 2019), compared with the information presented for question 4 above (for which the results were collected in January 2018), because more time had passed since the study started.

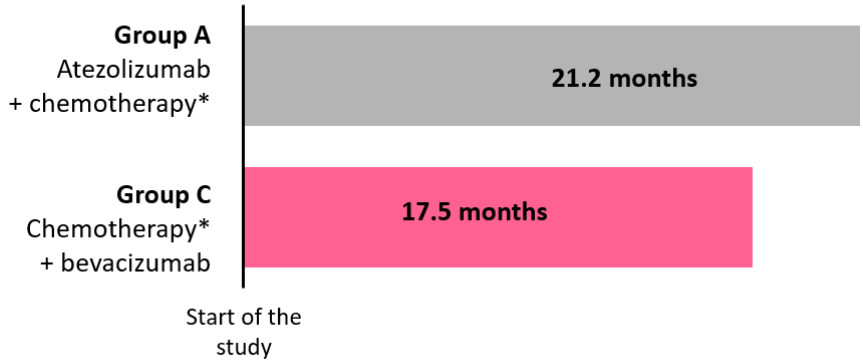
† During the study, some *EGFR/ALK* results were updated.

Question 6: How long did people with ***EGFR/ALK*+ NSCLC** in **Group A** and **Group C** live (during this study)?

Researchers looked at how long people with who had mutations in the genes called *EGFR* or *ALK* (***EGFR/ALK*+ NSCLC)** lived on average during this study – this was compared between **Group A** and **Group C**. This information was collected from the people with *EGFR* or *ALK* mutations in both groups from **March 2015** until **January 2018**.

- People in **Group A** lived for about **21.2 months** on average after starting the medicine (some people lived longer and some people died sooner).
- People in **Group C** lived for about **17.5 months** on average after starting the medicine (some people lived longer and some people died sooner).
- The average length of time that the people with *EGFR/ALK*+ NSCLC in **Group B** survived could not be calculated because more than half of the patients were still alive at the time this information was collected in January 2018.

On average, how long did people with *EGFR/ALK*+ NSCLC live in the study?



* Carboplatin + paclitaxel

This information was collected from March 2015 until January 2018.

This section only shows the key results from this study. You can learn about the other results on the websites at the end of this summary (see section 8).

5. What were the side effects?

Side effects are medical problems (such as feeling dizzy) that may happen during the study.

- They are described in this summary because the study doctor believes the side effects were related to the treatments in the study.
- Not all of the people in this study had all of the side effects.
- Side effects may be mild to very serious.
- Side effects can be different from person to person.
- It is important to know that the side effects reported here are from this one study. Therefore, the side effects shown here may be different from those seen in other studies or those that appear on the medicine leaflets.
- The number of people who had serious and common side effects in each treatment group are listed in this section.

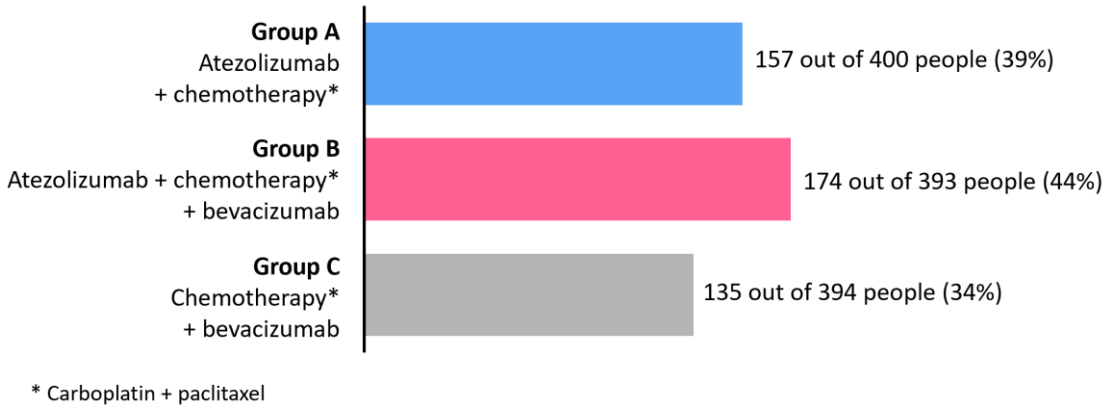
The safety results shown in this section are for all the people who took the medicines during the study. Results were collected and analysed for 400 people in **Group A,** 393 people in **Group B** and 394 people in **Group C**.

Serious side effects

A side effect is considered 'serious' if it is life-threatening, needs hospital care or causes lasting problems.

During this study, about 39% of people (or 39 out of every 100 people) had at least one serious side effect. The number of people who had serious side effects in each group are shown in this picture.

How many people had at least one serious side effect?

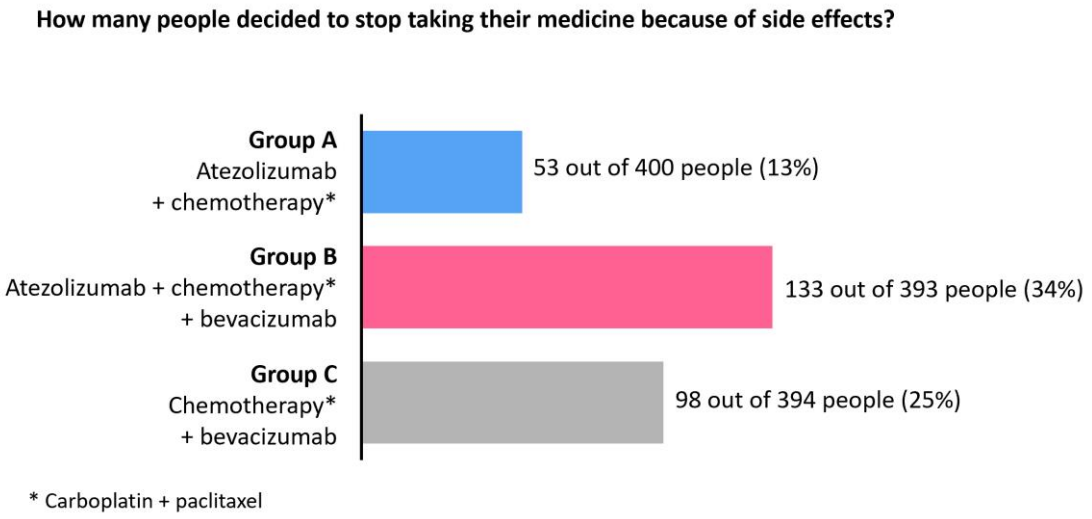


* Carboplatin + paclitaxel

Some people in the study died due to side effects that may have been related to one of the study medicines:

- 10 out of 400 people (3%) in **Group A** died.
- 24 out of 393 people (6%) in **Group B** died.
- 21 out of 394 people (5%) in **Group C** died.

During the study, some people decided to stop receiving their medicine because of side effects – this is shown in this picture.



Most common immune-related side effects

Immunotherapies like atezolizumab can cause 'autoimmune' – or immune-related – side effects (when the immune system attacks a person's own body).

The immune-related side effects related to the study medicines are shown in this table. These are the side effects that happened in more than 5 people in each treatment group. Some people had more than one side effect. This information was collected when the results were analysed in January 2018.

	Group A Atezolizumab plus chemotherapy* (400 people total)	**Group B** Atezolizumab plus chemotherapy* plus bevacizumab (393 people total)	**Group C** Chemotherapy* plus bevacizumab (394 people total)
Rash	30% (119 out of 400)	30% (117 out of 393)	14% (53 out of 394)
Liver inflammation (hepatitis)	11% (42 out of 400)	14% (54 out of 393)	7% (29 out of 394)
Lower-than-normal levels of thyroid hormone	9% (34 out of 400)	14% (56 out of 393)	5% (18 out of 394)
Lung inflammation (pneumonitis)	6% (23 out of 400)	3% (134 out of 393)	1% (5 out of 394)
Higher-than-normal levels of thyroid hormone	3% (11 out of 400)	4% (16 out of 393)	1% (5 out of 394)
Intestinal inflammation (colitis)	1% (3 out of 400)	3% (11 out of 393)	1% (2 out of 394)

Other side effects

You can learn about other side effects (not shown in the sections above) on the websites listed at the end of this summary – see section 8.

6. How has this study helped research?

The information presented here is from one study of 1202 people with non-squamous NSCLC. These results helped researchers learn more about NSCLC (both WT and with *EGFR* or *ALK* mutations) and treatment with atezolizumab plus chemotherapy, with or without bevacizumab.

Overall, this study showed that:

- For people with **WT NSCLC** who were given **atezolizumab plus platinum-based chemotherapy plus bevacizumab** (Group B), their cancer took **longer to get worse** and **they lived longer** than people who were given the **chemotherapy plus bevacizumab** (Group C).
- In **all people** with NSCLC who took atezolizumab plus chemotherapy (Group A), their cancer took longer to get worse than those who took chemotherapy plus bevacizumab (Group C)
- For people with **WT NSCLC** who were given atezolizumab plus chemotherapy (Group A), their cancer got worse slightly more quickly than those who took chemotherapy plus bevacizumab (Group C)
- Both the people with WT NSCLC and the people with *EGFR/ALK+* NSCLC who took atezolizumab plus chemotherapy (Group A) lived longer than those who took chemotherapy plus bevacizumab (Group C)
- More people who were given atezolizumab plus platinum-based chemotherapy plus bevacizumab had serious side effects than those who were given atezolizumab plus chemotherapy or chemotherapy plus bevacizumab.
- The people in this study did not have any new side effects that had not been seen before in people who took atezolizumab or chemotherapy or bevacizumab in other studies.

7. Are there plans for other studies?

Other studies looking at the safety and effects of atezolizumab are happening. These studies are looking at the use of atezolizumab in different ways, for example:

- Together with other treatments
- Given before or after another treatment, to help that treatment work better
- Given to people before surgery for NSCLC

8. Where can I find more information?

You can learn more about this study on the websites listed below:

- https://clinicaltrials.gov/ct2/show/NCT02366143
- https://www.clinicaltrialsregister.eu/ctr-search/trial/2014-003207-30/results
- https://forpatients.roche.com/en/trials/cancer/lung-cancer/a-study-of-atezolizumab-in-combination-with-carboplatin-09998.html

If you want to find out more about the results of this study, the full titles of the papers and slide presentation that contain the information we summarised here are:

- "Overall survival (OS) analysis of IMpower150, a randomized Ph 3 study of atezolizumab (atezo) + chemotherapy (chemo) ± bevacizumab (bev) vs chemo + bev in 1L nonsquamous (NSQ) NSCLC." The authors of the presentation are Mark A. Socinski, Robert M. Jotte, Federico Cappuzzo, Francisco Jorquera Orlandi, Daniil Stroyakovskiy, Naoyuki Nogami, Delvys Rodriguez-Abreu, and others. The slides were presented at ASCO 2018 and can be found at https://medically.gene.com/global/en/asset-viewer.b3cb6dcd-cb01-42ad-ace1-00306b7e14f0.html. The abstract is published in *Journal of Clinical Oncology*, 2018, volume number 36, supplement 15, on page 9002.
- "Atezolizumab for first-line treatment of metastatic nonsquamous NSCLC". The authors of the scientific paper are Mark A. Socinski, Robert M. Jotte, Federico Cappuzzo, Francisco Orlandi, Daniil Stroyakovskiy, and others. The paper is published in *New England Journal of Medicine*, 2018, volume number 378, on pages 2288-2301.
- "Atezolizumab plus bevacizumab and chemotherapy in non-small-cell lung cancer (IMpower150): key subgroup analyses of patients with EGFR mutations or baseline liver metastases in a randomised, open-label phase 3 trial". The authors of the scientific paper are Martin Reck, Tony S. K. Mok, Makoto Nishio, Robert M. Jotte, Federico Cappuzzo, Francisco Orlandi, Daniil Stroyakovskiy, and others. The paper is published in *Lancet Respiratory Medicine*, 2019, volume number 7, on pages 387-401.
- "IMpower150 final overall survival analyses for atezolizumab plus bevacizumab and chemotherapy in first-line metastatic nonsquamous non-small cell lung cancer". The authors of the scientific paper are Mark A. Socinski, Makoto Nishio, Robert M. Jotte, Federico Cappuzzo, Francisco Orlandi, Daniil Stroyakovskiy, Naoyuki Nogami, and others. The paper is published in *Journal of Thoracic Oncology*, 2021, volume number x, on pages xx-xx.

Who can I contact if I have questions about this study?

If you have any more questions after reading this summary:

- Visit the ForPatients platform and fill out the contact form – https://forpatients.roche.com/en/trials/cancer/lung-cancer/a-study-of-atezolizumab-in-combination-with-carboplatin-09998.html
- Contact a representative at your local Roche office.

If you took part in this study and have any questions about the results:

- Speak with the study doctor or staff at the study hospital or clinic.

If you have questions about your own treatment:

- Speak to the doctor in charge of your treatment.

Who organised and paid for this study?

This study was organised and paid for by F. Hoffmann-La Roche Ltd who have their headquarters in Basel, Switzerland.

Full title of the study and other identifying information

The full title of this study is: “A Study of Atezolizumab in Combination With Carboplatin Plus (+) Paclitaxel With or Without Bevacizumab Compared With Carboplatin + Paclitaxel + Bevacizumab in Participants With Stage IV Non-Squamous Non-Small Cell Lung Cancer (NSCLC) (IMpower150)”.

The study is known as ‘IMpower150’.

- The protocol number for this study is: GO29436.
- The ClinicalTrials.gov identifier for this study is: NCT02366143.
- The EudraCT number for this study is: 2014-003207-30.